Attachment One Maternity Care Program Operational Manual Effective 1.1.16

Delivering Healthcare Professional Report Cards District # ____ Summary Report

Delivery Date of Service:	
Report Card Due Date:	
Date Submitted to Medicaid:	

	Compliance Rates													
							Compila	ice Nates	, 					
Measure	Bench-	District	DHCP	DHCP	DHCP	DHCP	DHCP	DHCP	DHCP	DHCP	DHCP	DHCP	DHCP	DHCP
DHCP ID#	mark	Avg.												
# of Record Re	views													
# of Recipients														
Prenatal Visit Elements	98%													
Blood Group Determination	95%													
Rhogam Injection	99%													
Glucose Tolerance Testing	90%													
Asymptomatic Bacteria Screening	95%													
LBW VLBW	11% 2%													
Delivered Less than 37 Weeks	13%													
HIV Screening	95%													